



County of San Diego
DEPARTMENT OF ENVIRONMENTAL HEALTH
FOOD AND HOUSING DIVISION
FOOD FACILITY PLAN CHECK APPLICATION
www.sdcdeh.org



MAIN OFFICE SAN DIEGO
1255 IMPERIAL 3rd Floor
SAN DIEGO, CA 92101

NORTH COUNTY
151 E.CARMEL ST
SAN MARCOS, CA 92078

(For office use only)
PLAN CHECK #: _____
INTAKE DATE: _____
AMT PAID: _____
CHECK # _____

PART I

FACILITY BUSINESS AND CONTACT INFORMATION

☐ NEW/TI ☐ REMODEL ☐ CONVERSION ☐ MOBILE ☐ CONSULTATION ☐ REVISION ☐ OTHER _____

Facility Name _____ Assessor's Parcel No. _____

Facility Address _____ City _____ Zip _____

BUSINESS OWNER:

Name _____ Company _____

Mailing Address _____ City _____ State _____ Zip _____

Phone () _____ Fax () _____ E-Mail _____

DESIGNER/CONTRACTOR:

Name _____ Company _____

Mailing Address _____ City _____ State _____ Zip _____

E-Mail Address _____ State Contractor's License if applicable _____

Contact Person _____ Contact Phone () _____

Contact Fax () _____ Contact E-Mail Address _____

FACILITY INFORMATION

☐ Unpackaged Food Prep ☐ 100% Prepackaged Only ☐ Limited (MFF/SFS) ☐ Wholesale Processing

For Permanent Food Facilities

Total Square Feet of Facility: _____ Projected Date for Completion: _____ Total # Staff: _____

Max. Number of Food Employees per Shift: ☐ 1-10 ☐ 11-25 ☐ 26-100 ☐ 100+ Seating: ☐ 0 ☐ 1-20 ☐ 21-50 ☐ 51-100 ☐ 101+

Anticipated Max # Meals to be Served: _____ Breakfast _____ Lunch _____ Dinner Customer Utensils: ☐ Single Service ☐ Multi-service

Is there outdoor dining, outdoor bar, barbecue, wood oven etc. associated with the food facility? ☐ Yes ☐ No If yes, explain: _____

Is this facility within a Food Court ☐ Yes ☐ No-If so is the facility enclosed ☐ Yes ☐ No Explain _____

Are sneeze guards required? ☐ Yes ☐ No-If yes plans must indicate details of the sneeze guard and location. _____

Grease Trap/Interceptor required: ☐ Yes ☐ No; If yes indicate location _____

Employees Restrooms _____; Public Access? ☐ Yes ☐ No Will alcohol be served and consumed on site? ☐ Yes ☐ No

SEWER: ☐ Public-☐ Septic/ Private **WATER:** ☐ Public-☐ Well/ Private (If private contact Land Use at (858) 565-5173)

Identify the municipal water and wastewater district(s) _____

COMPLETE PART II

PART II

SUBMIT THE FOLLOWING DOCUMENTS WITH YOUR APPLICATION. Applications will not be processed until all required documents are received and all fees are paid.

- 1) Plans must be submitted to a stated scale (i.e., 1/4" per ft.) and done in a professional manner. The minimum size is 11" x 17". A total of three (3) sets are required. An Environmental Health Note section must be on plans.
- 2) Proposed menu (Including seasonal, off-site and catering menus).
- 3) Finish schedule of interior finishes.
- 4) Plumbing layout showing type and location of equipment with drains, floor sinks and plumbing schedule.
- 5) Equipment schedule showing type, manufacturer, and model numbers.
- 6) Floor plan layout. All equipment shall be clearly labeled on the plan with its common name.
- 7) Manufacturer specification sheets "cut sheets" for equipment shown on the plan.
- 8) Complete exhaust ventilation plans (HVAC), including restroom ventilation and kitchen exhaust system plans.
- 9) All existing equipment and finishes must be defined.
- 10) Site plan showing the location of restrooms, mop basin, alleys, streets, vacant lots, adjacent businesses, and outside equipment (dumpsters, well, septic system, etc.).
- 11) Written legal agreement for shared restrooms or common restrooms not located within the establishment.
- 12) If there are open or continuous doors, then the food prep areas must be shown as completely enclosed.
- 13) For unenclosed (non-occupied) Mobile Food Facilities (MFF), operational procedures for food handling and the cleaning and sanitizing of food-contact surfaces, food equipment and utensils.
- 14) MFF commissary agreement letter, if available at that time, shall accompany the plans (otherwise to be submitted upon application for the operational health permit.)

TYPE OF OPERATION (check all that apply)

<input type="checkbox"/> Kitchen (Hood Ventilation)	<input type="checkbox"/> Kitchen (No hood)	<input type="checkbox"/> Buffet or salad bar
<input type="checkbox"/> Ventless cooking-2 exempt max	<input type="checkbox"/> Institution	<input type="checkbox"/> Tableside / display cooking
<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Take out only	<input type="checkbox"/> Hospital/Licensed care facility
<input type="checkbox"/> Fast food	<input type="checkbox"/> Catering	<input type="checkbox"/> Lodging facility
<input type="checkbox"/> Bar	<input type="checkbox"/> Mobile vendor	<input type="checkbox"/> Galley
<input type="checkbox"/> Deli	<input type="checkbox"/> School	<input type="checkbox"/> Commissary/Vending HQ

Grocery Related

<input type="checkbox"/> Market	<input type="checkbox"/> Produce processing	<input type="checkbox"/> Shellfish storage
<input type="checkbox"/> Raw Meat	<input type="checkbox"/> Smoked fish	<input type="checkbox"/> Wholesale food distribution warehouse
<input type="checkbox"/> Seafood / fish	<input type="checkbox"/> Bakery	<input type="checkbox"/> Commissary
<input type="checkbox"/> Deli	<input type="checkbox"/> Sushi prep	<input type="checkbox"/> Ice production / packaging
<input type="checkbox"/> Produce	<input type="checkbox"/> Self-service bulk items	<input type="checkbox"/> Self-service baked goods

OTHER AGENCIES: ☐ BLDG DEPARTMENT ☐ FIRE DEPARTMENT ☐ ZONING ☐ WATER/WASTEWATER DISTRICTS ☐ APCD ☐ DEH-LWQ

(NOTE: If you are the business owner and an honorably discharged veteran you may be eligible for a fee exemption.)

I declare under penalty of perjury that to the best of my knowledge and belief, the description of use and information contained on this application and plans are correct and true. I hereby consent to all necessary inspections made pursuant to law and incidental to the issuance of this review and the operation of this business. I also agree to conform to all conditions, orders, and directions, issued pursuant to the California Health and Safety Code, and all applicable County and City Ordinances. I understand that if the plans are incomplete due to a lack of any of the required information, the plans will be rejected and upon resubmission, a plan recheck fee will be charged. I am aware that plan check fees are not fully refundable and that plans, once reviewed, will be picked up within 60 days or they will be discarded. Plans are valid for one year after stamp. Any changes to the released documents will be submitted and filed with the County of San Diego, Department of Environment Health.

Authorized Signature _____ Date _____

Print Name and Title Here _____

(For office use only)

PLAN CHECK #/TYPE: _____ PERMIT NUMBER/TYPE: _____ CENSUS TRACT: _____

ASSIGNED TO: _____ ROUTE CODE: _____

PLAN STATUS ☐ APPROVED ☐ DISAPPROVED ☐ RED TAG; PC INITIALS _____ REVIEW DATE _____

RECHECK STATUS ☐ APPROVED ☐ DISAPPROVED ☐ RED TAG; PC INITIALS _____ RECHECK DATE _____

DATE APPROVED _____